

VENDOR #: \_\_\_\_\_  
NEW: \_\_\_\_\_ CHANGE: \_\_\_\_\_  
POSTED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

MONROE COUNTY  
BOARD OF COUNTY COMMISSIONERS  
VENDOR FILE REQUEST FORM

Vendor Name: \_\_\_\_\_  
Search Name / Abbrev.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
City / State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

ACCOUNTS PAYABLE ADDRESS (if different from above)

Street  
Address: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
City / State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Tax Id Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
1099 Code: \_\_\_\_\_

Requester: \_\_\_\_\_ Date: \_\_\_\_\_  
Purchasing Approval: \_\_\_\_\_ Date: \_\_\_\_\_

1099 CODES

**M** Medical / Health Care Payments  
**N** Non-Employee Compensation  
**O** Other Income  
**R** Rentals

ALL DEPARTMENTS:

Fax this form to **Dana Cullember** in the Finance Department at 295-3660.  
Finance will process with a maximum turn around of 24 hours.

This form **MUST BE ACCOMPANIED WITH A W-9**  
if it is a new vendor setup.